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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

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HEALTH MORALE OF STUDENT NURSES¹

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THE percentage of illness of the student body of any school of nursing is indicative of the kind of a school that is being maintained. A high rate of illness may be traced back invariably to three sources; namely, (1) improper environmental conditions (poor food and housing, long hours of duty, lack of proper recreation, etc.); (2) poor technique in handling the patients; (3) lack of system on the part of the training school office in caring for sick or ailing nurses. As a rule, one finds all three of the foregoing factors involved when a high rate of illness is shown.

To handle effectually the sick problem in a school of nursing, accurate record should be kept of all reports of illness whether the case be a bad case or not; this record should be carefully analyzed, at least once during the year, by the superintendent of nurses, the resident physician, or the attending physician who is assigned to the care of sick nurses. This analysis should be made with the idea in mind of finding out what kinds of illness are too prevalent in the school, also, what kind of illness could be eliminated, or materially reduced, by correcting certain environmental conditions or by pursuing a different method of procedure in handling the sicknesses.

The principal of the school is directly responsible for the foregoing conditions, but it is the part the student nurse plays in the sickness problem of the school that I wish to stress particularly today. What I call the "health morale" of the school—that is, the general attitude of the student body toward illness—is a matter of infinite importance in keeping the percentage of illness of the school at a low point and any rational or logical discussion of Health Problems of Student Nurses must necessarily include a discussion of mental, as well as physical health problems, as we have learned and are constantly learning that right thinking is as essential and important a factor to the development of the individual as is right living. The phrases, "training for citizenship," "man's responsibility toward society," "properly trained ethical sense," etc., are all common and

¹ Paper read at the annual meeting of the Wisconsin State Nurses' Association, October 5, 1921.

familiar phrases,—the fact that they are common and familiar phrases clearly intimates that society is beginning to realize that right living, alone, does not necessarily make for good citizenship, etc., that right thinking must go hand in hand with right living in the development of the individual in his relation to society. We see, also, in certain religious movements such as Christian Science, Mental Science, New Thought, and other similar cults, a marked tendency to tie up right thinking with right living and to recognize the great influence that right thinking exerts on good health,—in fact, there is an open acknowledgment that good health and mental maladjustments to life are incompatible. With this clearly defined tendency for society to recognize the necessity for a close correlation between right thinking and right living we cannot, therefore, in a discussion of the health problems of student nurses pass over the problems pertaining to the student nurses' mental attitude toward health, health habits, a hygienic conscience, etc.

Let us first consider the student nurse as she is when she enters training. I believe I am reasonably safe in saying that practically every student enters training with a minimum of knowledge concerning her own mental make-up, her instincts, her "drives," her emotional trends, and her general mechanism for adaptation to life. With this ignorance of herself, she brings with her an "open-mindedness" that is exceptional; she is filled with enthusiasm and interest and is on mental tip-toe to receive new sense impressions. I need not call your attention to the fact that such a receptive mind and unusual mental attitude present such a fertile field that it is remarkable that more effort has not been made to guide and direct these minds in such a manner that, when the first novelty of the new environment is somewhat worn off and that extraordinary initial enthusiasm and interest become somewhat dimmed from the daily routine of duty, such habits have been formed that the student will continue to carry on as a dynamic personality rather than as a passive, static one.

To establish good mental habits it would be essential to give these students a little knowledge of their mental processes. They should be given a rather simple course in psychology—a course that included, perhaps, just an understanding of instincts, emotions, habit formation and a practical application of the same. I imagine that the majority of those present this morning have seen Mrs. Aileen Higgins Sinclair's *Psychology of Nursing*. I believe that the first few chapters of Mrs. Sinclair's psychology would serve admirably in giving the probationers some knowledge of psychology as applied to life situations. Mrs. Sinclair's character studies of the five probationers entering training and the several types of patients are given

in such a manner that the probationer would not only be interested and amused, but would derive a great deal of knowledge concerning herself at the same time. With rather a free class discussion of these character studies, with a small amount of working knowledge of instincts, emotions, etc., I believe each student would at the end of this course of lectures have an "awareness" of herself and would become normally self-analytical. With such an "awareness" of herself and with a tendency to analyze her own actions, I feel that the first step would be taken in getting the student to become critical of her own emotional outbreaks, and her own failures in proper adaptation to the new environment. If she has a "logic-tight compartment" regarding her own failings and weaknesses, or bad, or poor mental habits, the group would quickly check her up on them, for surely no greater critic, or critics, exist than one's own classmates.

In regard to the mental attitude of the student toward health we have always in our schools a fair representation of the three following groups, each group presenting a distinct problem for the training school office to solve: (1) The individual with a marked tendency to neurasthenia,—the individual who fancies she is contracting tuberculosis if she loses a few pounds in weight and who, by the way, weighs herself frequently and who fairly delights in taking her own temperature, who has peculiar pains in her back with always a definite idea of just when and from whom she secured these pains—always, of course, in lifting a patient,—who worries if she menstruates too soon or worries if she menstruates a few days later than usual, and so on; (2) the individual who perhaps does not imagine that she is contracting every disease, but who collapses over every illness, the type who believes sincerely, regardless of what the attending physician may say, that an extra systolic beat spells an early death from cardiac failure, the type who must have relief from every bodily discomfort; (3) and lastly, we have the individual who prides herself upon her lack of fear of illness or infection, who will walk around for days with an illness before reporting it, and who, because of her very recklessness and mistaken ideas of self control and endurance, will endanger the entire school, the type of individual who has a tendency to take chances regarding the handling of precaution cases and who never for one moment recognizes this so-called courage as a supreme selfishness and egotism that endanger the entire group with whom she lives. It would truly seem that the one and only way of even making a beginning in the solution of the foregoing problems is through awakening in each student a realization of the fact that she is not "playing hockey," as the English express it; that she is failing to see facts as they are, and that she is signally failing to meet her moral

and ethical responsibilities. Group 1 must be shown that they are allowing their emotions to run away with them; group 2, that courage and self-control, in apposition to cowardice and fear, are indeed admirable and desirable virtues,—that cowardice and fear and lack of self control belong to the adolescent period rather than to the mental attributes of manhood and womanhood; group 3, that a regard for *group safety* is absolutely essential if disastrous effects are to be avoided. The students by a free discussion of such problems, may be taught to have a positive repugnance for such poor mental habits; they will soon learn to disdain the aspirin habit for headaches and the necessity for aid for the discomfort of the menstrual period, for if they can be made to see that such “soothing syrup for the baby” processes are but an outward sign of poor emotional control, they will soon avoid putting themselves in the position to be laughed at by the group. Colds and sore throats, likewise, will fall into the discard, if the group as a whole may be made to really believe that, as a rule, every cold and sore throat is a result of a broken law of hygiene—a sluggish liver, over-eating, under-sleeping—and what is more, if the idea of group safety is brought home to them, an early reporting of such infections will naturally ensue.

If the student body come to the point where they, of their own volition, take a pride in maintaining the health record of the school, if they feel in a body that tears and an outward display of temper are things which no poised and normal woman should be proud of, in fact are things which every well controlled individual will earnestly endeavor to inhibit—if they alike delight in maintaining the height of right thinking that the group is capable of, I believe that much may be accomplished, not only for each student, but for the entire school and the hospital. Success or failure of student government, a minimum or a maximum of response to theoretical instruction, proper mental adaptation to the patient,—all of these and more are dependent upon our ability to instill into our young students a knowledge not only of themselves, but likewise their responsibilities to the hospital and the school and to society at large.

Before closing I would like to say a few words concerning the Social Director. I do not believe I am wrong in saying that at the present time the average school employing a Social Director has been using her in only one small way,—that is, the Social Director has been functioning merely as a “recreational director.” It would seem that this Social Director should function in a much broader field than merely recreational, for (1) there is always a great danger that recreation, super-imposed from above, may cease to be true recreation; and, (2) the Social Director, because of her position in the

nurses' home with the manifold social contacts she has with the students has a closer insight into the mental makeup of the students than it would ever be possible for any member of the training school office to secure, and is "strategically situated" in regard to guiding and directing the students in the proper formation of mental habits and in bringing about a more perfect mental adjustment to life. In closing I would therefore say that in small schools the Superintendent of Nurses would be perhaps the best person to instruct the probationers in psychology and in getting them started in the formation of proper mental habits and in bringing them an awareness of their own mental processes; in the larger schools, where a Social Director may be maintained, I believe the Social Director should assume the responsibility, provided, of course, she has the proper academic background—and it is to be hoped that every Social Director will have a sound academic background. The point I am trying to make in regard to the instruction of this course of applied psychology is this: the instructor must not only know psychology, and be able to teach it, but she must know her students well enough to know the proper approach to them. The question of "sectional differences" materially increases or lessens the problem of the health morale of the school for the psychological make-up of the student in the far west is entirely different from that of the student in the middle west, or the east or the south,—not only are the problems different, but the approach to them is different. There is no question that in certain sections of the country the proper mental attitude toward illness or pain is much more of a problem than it is in other sections; if, therefore, some of you feel that I have gone rather far afield in my discussion of Health Morale of Student Nurses I beg your indulgence, for I feel that there must be many principals who have been face to face with some of the situations I have outlined; these will agree with me, I am sure, that heredity and environment have a direct bearing on the health morale of any school of nursing.

HOTEL RATES FOR THE SEATTLE CONVENTION

A LIST of hotels in Seattle offering accommodations for our convention will be published in the April JOURNAL. The prices at the capacity rate, two in a room, vary from \$2.50 and \$4 for rooms without a bath; and from \$3 to \$7 for rooms with a bath. There are more than a thousand rooms available. A deposit of \$5 will be required for rooms to be held definitely. The hotels prefer having the rooms filled, so it is desirable that nurses make arrangements to take rooms, two together, rather than singly. The Placement Bureau will care for all who for any reason cannot make their own reservations.